

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038285

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3049

FILED OCT 10 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Normandy</b>		Length of stay in 1b <b>28 days</b>	c. CITY OR TOWN <b>Jennings</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Normandy Ost. Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>9422 Jennings Rd</b>
3. NAME OF DECEASED (Type or print) <b>FLORENCE GIERER</b>		4. DATE OF DEATH <b>October 2 1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/23/1887</b>
9. AGE (last birthday) <b>76 years</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Henry Bultman</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	
14. NAME OF HUSBAND OR WIFE <b>George Gierer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. INFORMANT <b>Fern DeHass - 9422 Jennings Rd.</b>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>medullary Paralysis</b> DUE TO (b) <b>Cardiac Arrest 4/330</b> DUE TO (c) <b>Inanition 701</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adenocarcinoma - Caecum</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Aug. 1963</b> to <b>Oct. 1963</b> and last saw her alive on <b>10-2-63</b> Death occurred at <b>9:04 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul E. Wame, D.O.</b>		22b. ADDRESS <b>8520 Jennings Rd. St. Louis</b>	22c. DATE SIGNED <b>10-3-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Oct 4, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County Missouri</b>
24. FUNERAL DIRECTOR <b>BUCHHOLZ MORTUARY-5967 W. Florissant Ave</b>		25. DATE RECD. BY LOCAL REG. <b>10-3-63</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

**Signed**

Licensed Embalmer No \_\_\_\_\_

**P. O. Address**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

EXPOSURE

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SVL JCS/NO 01.11 1992-AUTHOR: EJOHNSON